

UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF ALABAMA

In the matter of the Search of

232 Lee Road 318, Smiths, Alabama, Lee County, is more particularly described as a brick single family residence. It is brown brick with yellow trim and shutters located on the front of the residence and a center and side entrance.

SEARCH WARRANT

CASE NUMBER: *3:07-mj-75-TFM*

TO: DEA SA Stephen T. Ribolla, and any Authorized Officer of the United States

Affidavit(s) having been made before me by SA Stephen T. Ribolla
who has reason to believe that on the person of or on the premises known as

232 Lee Road 318, Smiths, Alabama, Lee County, is more particularly described as a brick single family residence. It is brown brick with yellow trim and shutters located on the front of the residence and a center and side entrance.

in the Middle District of ALABAMA
there is now concealed a certain person or property, namely

See attached Affidavit for description of items to be searched for

I am satisfied that the affidavit(s) and any recorded testimony establish probable cause to believe that the person or property so described is now concealed on the person or premises above-described and establish grounds for the issuance of this warrant.

YOU ARE HEREBY COMMANDED to search on or before
August 8, 2007

(not to exceed 10 days) the person or place named above for the person or property specified, serving this warrant and making the search (in the daytime - 6:00 A.M. to 10:00 P.M.) and if the person or property be found there to seize same, leaving a copy of this warrant and receipt for the person or property taken, and prepare a written inventory of the person or property seized and promptly return this warrant to
Terry F. Moorer as required by law.

U.S. Judge or Magistrate Judge

July 30 2007
Date and Time Issued

Montgomery, AL
City and State

Terry F. Moorer US Magistrate Judge
Name and Title of Judicial Officer

Terry F. Moorer
Signature of Judicial Officer

RETURN

| DATE WARRANT RECEIVED | DATE AND TIME WARRANT EXECUTED | COPY OF WARRANT AND RECEIPT FOR ITEMS LEFT WITH |
|-----------------------|--------------------------------|---|
| July 30, 2007 | August 1, 2007 7:00am | kitchen table |

INVENTORY MADE IN THE PRESENCE OF

SA Jim Brown and SA Keith SLAY

INVENTORY OF PERSON OR PROPERTY TAKEN PURSUANT TO THE WARRANT

See Attached DEA 12 - receipt for cash or other items

CERTIFICATION

I swear that this inventory is a true and detailed account of the person or property taken by me on the warrant.

scribed, sworn to, and returned before me this date.

U.S. Judge or Magistrate8-22-07
Date

U.S. DEPARTMENT OF JUSTICE - DRUG ENFORCEMENT ADMINISTRATION
RECEIPT FOR CASH OR OTHER ITEMS

TO: (Name, Title, Address (including ZIP CODE), if applicable)

KELLY BATTLE
232 Lee Road 318

| | |
|------------------------|------------------|
| FILE NO. GX-04-0010 | G-DEP IDENTIFIER |
|------------------------|------------------|

FILE TITLE

DATE

8-1-07

DIVISION/DISTRICT OFFICE

I hereby acknowledge receipt of the following described cash or other item(s), which was given into my custody by the above named individual.

| ITEM # | AMOUNT OR QUANTITY | DESCRIPTION OF ITEM(S) | PURPOSE (If Applicable) |
|--------|--------------------|--|-----------------------------|
| 1 | | miscellaneous papers from kitchen drawer | seizing |
| 2 | | miscellaneous papers from other cabinet | " |
| 3 | | miscellaneous papers from kitchen party | " |
| 4 | | 5 telephone from kitchen drawer | " |
| 5. | | KEYS from kitchen drawer | " |
| 6 | | undetermined amount of U.S. currency | " |
| 7 | | one .45 Springfield Army pistol, SN 358612 | " |
| 8 | | one magazine containing .45 bullets | " |
| 9 | | KEYS FROM CHRYSLER 1A GARAGE | " |
| 10 | | LICENSE PLATE (AL) 702-624 (FERNCHYRED) | " |
| 11 | | miscellaneous papers from trunk of Angels and auto | " |
| 12 | | slim wavy from Chrysler trunk | " |
| 13 | | miscellaneous papers from inside Lysley | " |
| 14 | | undetermined amount of US currency | → (Bank Count \$110,100.00) |
| 15 | | miscellaneous papers + car ticket | |

RECEIVED BY (Signature)

NAME AND TITLE (Print or Type)

James D. Brown, S/A

WITNESSED BY (Signature)

NAME AND TITLE (Print or Type)

SA Keith Slay

**U.S. DEPARTMENT OF JUSTICE - DRUG ENFORCEMENT ADMINISTRATION
RECEIPT FOR CASH OR OTHER ITEMS**

TO: (Name, Title, Address (including ZIP CODE), if applicable)

KELLY GATTLE
232 Lee Road 318

FILE NO.

GX-04-0010

G-DEP IDENTIFIER

FILE TITLE

DATE

8-1-07

DIVISION/DISTRICT OFFICE

I hereby acknowledge receipt of the following described cash or other item(s), which was given into my custody by the above named individual.

| <u>ITEM #</u> | <u>DESCRIPTION OF ITEM(S)</u> | <u>PURPOSE (If Applicable)</u> |
|---------------|--|---------------------------------|
| 16 | 1 box containing silver necklace from MB | seizure |
| 17 | gray, large scale, from MB | " |
| 18 | miscellaneous papers in MB closet | " |
| 19 | cell phones and chargers from kitchen | " |
| 20 | cell phones and chargers from kitchen | " |
| 21 | miscellaneous paper from kitchen | " |
| 22 | miscellaneous paper from kitchen | " |
| 23 | miscellaneous paper from kitchen | " |
| 24 | miscellaneous papers from Billiard room | " |
| 25 | "Send a Deal" slush money item (3 boxes) | " |
| 26 | miscellaneous papers from Billiard room | " |
| 27 | miscellaneous papers from Billiard room | " |
| 28 | miscellaneous papers from Billiard room | " |
| 29 | notebook from Billiard room | " |
| 30 | miscellaneous papers from hallways | (Bills) Court file, (Billiards) |

RECEIVED BY (Signature)

NAME AND TITLE (Print or Type)

JAMES D. BROWN, S/A

WITNESSED BY (Signature)

NAME AND TITLE (Print or Type)

SA KEITH SLAVY

**U.S. DEPARTMENT OF JUSTICE - DRUG ENFORCEMENT ADMINISTRATION
RECEIPT FOR CASH OR OTHER ITEMS**

| | | |
|--|-------------------|------------------|
| TO: (Name, Title, Address (including ZIP CODE), if applicable) | FILE NO. | G-DEP IDENTIFIER |
| <i>Kelly Buttle 232 Lee Road 318</i> | <i>GX-04-0610</i> | |
| | FILE TITLE | |
| | DATE | <i>8-1-07</i> |

DIVISION/DISTRICT OFFICE

I hereby acknowledge receipt of the following described cash or other item(s), which was given into my custody by the above named individual.

RECEIVED BY (Signature)

WITNESSED BY (Signature)

NAME AND TITLE (Print or Type)

JAMES O. BROWN, S/A

NAME AND TITLE (Print or Type)

SA Kieth SLAV

| | | | |
|-------------------------|---|--|--|
| MAKE CHRYSLER | MODEL 300 | COLOR SILVER | NO. OF CYLINDERS 8 |
| YEAR 2006 | MILEAGE 4928 | LICENSE NO. (Yr. - State) 7K251H 08 AL | HORSEPOWER OR CUBIC INCH DISPLACEMENT 5.7L |
| SERIAL NO. | FUEL <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel | VIN NO. ZC3KA63H46H217974 | NO. OF AXLES 1 |

| | | | | | |
|---|--|---|--|---|---|
| TYPE OF VEHICLE <input checked="" type="checkbox"/> Passenger Vehicle | <input type="checkbox"/> Ambulance | <input type="checkbox"/> Tractor | <input type="checkbox"/> Semi-Trailer | <input type="checkbox"/> Motorcycle | NO. OF WHEELS |
| | <input type="checkbox"/> Truck | <input type="checkbox"/> Trailer | <input type="checkbox"/> Bus | <input type="checkbox"/> RV | |
| BODY STYLE <input type="checkbox"/> Coupe Sedan <input type="checkbox"/> 2-Door Hardtop | <input type="checkbox"/> Station Wagon Sedan <input checked="" type="checkbox"/> 4-Door Hardtop | <input type="checkbox"/> Pickup <input type="checkbox"/> Convertible | <input type="checkbox"/> Panel <input type="checkbox"/> Van | <input type="checkbox"/> Rack <input type="checkbox"/> Stake | <input type="checkbox"/> Carryall <input type="checkbox"/> Flatbed |
| | | | | | BUS (Passenger capacity) |
| | | | | | TRUCK (Mfg. Rated capacity) |

| | |
|--|----------------------------------|
| VEHICLE OPERATOR (Address, Number, Street, City, State) B. DAVIS L.C.S.O | PHONE NO. 334-749-5651 |
|--|----------------------------------|

| | |
|--|-----------|
| REGISTERED OWNER (Address, Number, Street, City, State) KELLY BATTLE 232 LEE RD. 131 PHENIX CITY, AL | PHONE NO. |
|--|-----------|

| | |
|--|-----------|
| NAME & ADDRESS OF LIENHOLDER (if Applicable) | PHONE NO. |
|--|-----------|

REASON FOR IMPOUNDMENT

ACCIDENT DUI STOLEN ABANDONED FELONIOUS USE NO OPR. LIC. BURNED
OTHER THAN ABOVE _____

NAME OF ARRESTED PERSON INJURED OTHER REPORT NO. _____

EXACT LOCATION WHERE VEHICLE PICKED UP **232 LEE RD. 318**

TOW-IN SERVICE REQUESTED BY _____ NAME OF TOW-IN SERVICE _____

DATE OF IMPOUNDMENT **08-01-2007** / TIME **09:32** / TOWED OR DRIVEN BY / NAME & TITLE OF IMPOUNDED OFFICER /

INVENTORY AND CONDITION OF VEHICLE WHEN IMPOUNDED

DC HS AND TRUNK: LOCKED UNLOCKED KEYS IN CAR KEYS IN PROPERTY ROOM OTHER _____

(USE CONDITION SYMBOL 1-FOR EXCELLENT - 2-GOOD - 3-FAIR - 4-POOR - 5-CONSTRUCTIVE TOTAL)

| | DAMAGED | CONDITION |
|--|---------|-----------|
| <input checked="" type="checkbox"/> FRO. T END | 2 | |
| <input checked="" type="checkbox"/> LF K | 2 | |
| <input checked="" type="checkbox"/> LF DOOR | 2 | |
| <input checked="" type="checkbox"/> LR DOOR | 2 | |
| <input checked="" type="checkbox"/> LR K | 2 | |
| <input checked="" type="checkbox"/> REAR END | 2 | |
| <input checked="" type="checkbox"/> RF K | 2 | |
| <input checked="" type="checkbox"/> RF DOOR | 2 | |
| <input checked="" type="checkbox"/> RR DOOR | 2 | |
| <input checked="" type="checkbox"/> RR K | 2 | |
| <input checked="" type="checkbox"/> HOOD | 2 | |
| <input checked="" type="checkbox"/> TOP | 2 | |
| <input checked="" type="checkbox"/> REAR LID | 2 | V |

| | DAMAGED | COND |
|--------------|---------|------|
| SPARE TIRE | | 2 |
| LR TIRE | | 2 |
| RR TIRE | | 2 |
| RF TIRE | | 2 |
| LF TIRE | | 4 |
| GLASS | | 2 |
| C.B. RADIO | | |
| C.B. ANTENNA | | |
| | * | |
| | * | |
| | * | |

REMARKS L-Front tire pressure low.

(USE SUPPLEMENTARY

DESCRIBE ANY PERSONAL PROPERTY LEFT IN VEHIC_____

REPORT MADE BY Brent Davis DATE **8-1-07** TIME **09:32**

THE ABOVE VEHICLE HAS BEEN RELEASED TO ME AND I FOUND IT'S CONDITION TO BE AS INDICATED ABOVE.

SIGNED _____ DATE _____ TIME _____

| | | | |
|---------------------|--|--|---------------------------------------|
| MAKE <i>Ford</i> | MODEL <i>F150</i> | COLOR <i>Murica</i> | NO. OF CYLINDERS. |
| YEAR <i>1999</i> | MILEAGE | LICENSE NO. (Yr. - State) <i>CNO 916 AL</i> | HORSEPOWER OR CUBIC INCH DISPLACEMENT |
| SERIAL NO. | FUEL <input type="checkbox"/> Gas <input type="checkbox"/> Diesel | VIN NO. <i>1FTRY17CWNWJ12</i> | NO. OF AXLES |

| | | | | | |
|---|---|--|---------------------------------------|-------------------------------------|-----------------------------|
| TYPE OF VEHICLE <input type="checkbox"/> Passenger Vehicle | <input type="checkbox"/> Ambulance | <input type="checkbox"/> Tractor | <input type="checkbox"/> Semi-Trailer | <input type="checkbox"/> Motorcycle | NO. OF WHEELS |
| | <input checked="" type="checkbox"/> Truck | <input type="checkbox"/> Trailer | <input type="checkbox"/> Bus | <input type="checkbox"/> RV | |
| BODY STYLE <input type="checkbox"/> Coupe <input type="checkbox"/> 2-Door Hardtop | <input type="checkbox"/> Station Wagon <input type="checkbox"/> 4-Door Hardtop | <input checked="" type="checkbox"/> Pickup | <input type="checkbox"/> Panel | <input type="checkbox"/> Rack | BUS (Passenger capacity) |
| | | <input type="checkbox"/> Convertible | <input type="checkbox"/> Van | <input type="checkbox"/> Stake | TRUCK (Mfg. Rated capacity) |
| | | | | <input type="checkbox"/> Carryall | |
| | | | | <input type="checkbox"/> Flatbed | |
| | | | | <input type="checkbox"/> Camper | |

VEHICLE OPERATOR (Address, Number, Street, City, State)

PHONE NO.

REGISTERED OWNER (Address, Number, Street, City, State)

PHONE NO.

NAME & ADDRESS OF LIENHOLDER (if Applicable)

PHONE NO.

REASON FOR IMPOUNDMENT

ACCIDENT DUI STOLEN ABANDONED FELONIOUS USE NO OPR. LIC. BURNED
OTHER THAN ABOVE _____

NAME OF ARRESTED PERSON INJURED OTHER REPORT NO. _____

EXACT LOCATION WHERE VEHICLE PICKED UP _____

TOW-IN SERVICE REQUESTED BY _____ NAME OF TOW-IN SERVICE _____

DATE OF IMPOUNDMENT / TIME : / TOWED OR DRIVEN BY / NAME & TITLE OF IMPOUNDED OFFICER /

INVENTORY AND CONDITION OF VEHICLE WHEN IMPOUNDED

DC HS AND TRUNK: LOCKED UNLOCKED KEYS IN CAR KEYS IN PROPERTY ROOM OTHER _____

(USE CONDITION SYMBOL 1-FOR EXCELLENT - 2-GOOD - 3-FAIR - 4-POOR - 5-CONSTRUCTIVE TOTAL)

| | CONDITION | | DAMAGED | CONDITION | | DAMAGED | CONDN |
|-----------|-----------|--|---------|-----------|--|---------|--------------|
| FRONT END | | | | | | | SPARE TIRE |
| LF % | | | | | | | LR TIRE |
| LF DOOR | | | | | | | RR TIRE |
| LR DOOR | | | | | | | RF TIRE |
| LR % | | | | | | | LF TIRE |
| REAR END | | | | | | | GLASS |
| RF % | | | | | | | C.B. RADIO |
| RF DOOR | | | | | | | C.B. ANTENNA |
| RR DOOR | | | | | | | |
| RR % | | | | | | | |
| HOOD | | | | | | | |
| TOP | | | | | | | |
| REAR LID | | | | | | | |

REMARKS.

(OR ANY DETAILS NOT LISTED ON THIS PAGE)

DESCRIBE ANY PERIOD

REPORT MADE BY _____

DATE _____

TIME _____

THE ABOVE VEHICLE HAS BEEN RELEASED TO ME AND I FOUND IT'S CONDITION TO BE AS INDICATED ABOVE.

SIGNED _____

DATE _____

TIME _____

| | | | |
|--|---|---|---------------------------------------|
| MAKE <i>Cadillac</i> | MODEL <i>Deville</i> | COLOR <i>Black</i> | NO. OF CYLINDERS <i>V-8</i> |
| YEAR <i>2002</i> | MILEAGE <i>74,894</i> | LICENSE NO. (Yr. - State) <i>TX 7KGZR 08</i> | HORSEPOWER OR CUBIC INCH DISPLACEMENT |
| SERIAL NO. <i>1G6KF579521145197</i> | FUEL <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel | VIN NO. | NO. OF AXLES |

| | | | | | | | | |
|---|---------------------------------------|--|---|---------------------------------------|-------------------------------------|-----------------------------------|----------------------------------|-----------------------------|
| TYPE OF VEHICLE | | <input type="checkbox"/> Ambulance | <input type="checkbox"/> Tractor | <input type="checkbox"/> Semi-Trailer | <input type="checkbox"/> Motorcycle | NO. OF WHEELS | | |
| <input checked="" type="checkbox"/> Passenger Vehicle | | <input type="checkbox"/> Truck | <input type="checkbox"/> Trailer | <input type="checkbox"/> Bus | <input type="checkbox"/> RV | <i>4</i> | | |
| BODY STYLE | <input type="checkbox"/> Coupe | <input type="checkbox"/> Station Wagon | <input type="checkbox"/> Pickup | <input type="checkbox"/> Panel | <input type="checkbox"/> Rack | <input type="checkbox"/> Carryall | <input type="checkbox"/> Camper | BUS (Passenger capacity) |
| | <input type="checkbox"/> 2-Door Sedan | <input type="checkbox"/> Sedan | <input type="checkbox"/> 4-Door Hardtop | <input type="checkbox"/> Convertible | <input type="checkbox"/> Van | <input type="checkbox"/> Stake | <input type="checkbox"/> Flatbed | TRUCK (Mfg. Rated capacity) |

VEHICLE OPERATOR (Address, Number, Street, City, State)

PHONE NO.

REGISTERED OWNER (Address, Number, Street, City, State)

IO.

NAME & ADDRESS OF LIENHOLDER (if Applicable)

*32*ACCIDENT DUI STOLEN ABANDONED

OTHER THAN ABOVE _____

NAME OF ARRESTED PERSON INJURED OTHER

PORT NO. _____

EXACT LOCATION WHERE VEHICLE PICKED UP *21*

TOW-IN SERVICE REQUESTED BY _____

DATE OF IMPOUNDMENT *08-01-07*

TIME : / /

IF IMPOUNDING OFFICER /

INVENTORY AND CONDITION

DOORS AND TRUNK: LOCKED UNLOCKED KEYPROPERTY ROOM OTHER _____

(USE CONDITION SYMBOL 1-FOR EXCELLENT - 2-GOOD - 3-FAIR - 4-POOR - 5-CONSTRUCTIVE TOTAL)

| | DAMAGED | CONDITION | | DAMAGED | CONDITION | | DAMAGED | COND |
|-----------|----------|-------------|--|----------|-----------|--|--------------|-----------|
| FRONT END | <i>2</i> | ENGINE | | <i>3</i> | | | SPARE TIRE | <i>2</i> |
| LF % | <i>2</i> | RADIATOR | | <i>3</i> | | | LR TIRE | <i>2</i> |
| LF DOOR | <i>2</i> | ALTERNATOR | | <i>3</i> | | | RR TIRE | <i>2</i> |
| LR DOOR | <i>2</i> | BATTERY | | <i>3</i> | | | RFTIRE | <i>2</i> |
| LR % | <i>2</i> | A/C | | <i>3</i> | | | LFTIRE | <i>2</i> |
| REAR END | <i>2</i> | RADIO | | <i>3</i> | | | GLASS | <i>3</i> |
| RF % | <i>3</i> | TAPE DECK | | <i>3</i> | | | C.B. RADIO | <i>NA</i> |
| RF DOOR | <i>2</i> | HUB CAP | | <i>3</i> | | | C.B. ANTENNA | <i>NA</i> |
| RR DOOR | <i>3</i> | WHEEL COVER | | <i>3</i> | | | | |
| RR % | <i>2</i> | DRIVE TRAIN | | <i>3</i> | | | | |
| HOOD | <i>2</i> | JACK | | <i>3</i> | | | | |
| TOP | <i>2</i> | TOOLS | | <i>3</i> | | | | |
| REAR LID | <i>2</i> | GASOLINE | | <i>3</i> | | | | |

REMARKS *Small scratches on doors*

(USE SUPPLEMENTARY REPORT FOR ANY DETAILS NOT LISTED ON THIS PAGE)

DESCRIBE ANY PERSONAL PROPERTY LEFT IN VEHICLE

REPORT MADE BY *K.Smy*DATE *08-01-07*TIME *0950*

THE ABOVE VEHICLE HAS BEEN RELEASED TO ME AND I FOUND IT'S CONDITION TO BE AS INDICATED ABOVE.

SIGNED _____ DATE _____

TIME _____

| | | | | |
|---|--|--|---|---|
| MAKE <i>Flury</i> | MODEL <i>Fiesta SS</i> | COLOR <i>Blk</i> | NO. OF CYLINDERS <i>6-8</i> | |
| YEAR <i>1994</i> | MILEAGE <i>101584</i> | LICENSE NO. (YR. - STATE) <i>7KS9R AL 05</i> | HORSEPOWER OR CUBIC INCH DISPLACEMENT | |
| SERIAL NO. | FUEL <i>Diesel</i> <input checked="" type="checkbox"/> Diesel | VIN NO. <i>61RN5P0AR15P325</i> | NO. OF AXLES | |
| TYPE OF VEHICLE <input checked="" type="checkbox"/> Passenger Vehicle | | <input type="checkbox"/> Ambulance <input type="checkbox"/> Tractor <input type="checkbox"/> Truck <input type="checkbox"/> Trailer | <input type="checkbox"/> Semi-Trailer <input type="checkbox"/> Motorcycle <input type="checkbox"/> Bus <input type="checkbox"/> RV | NO. OF WHEELS |
| BODY STYLE <input type="checkbox"/> Coupe Sedan <input type="checkbox"/> 2-Door Hardtop <input checked="" type="checkbox"/> 4-Door Hardtop | | <input type="checkbox"/> Station Wagon Sedan <input type="checkbox"/> Convertible | <input type="checkbox"/> Pickup <input type="checkbox"/> Panel <input type="checkbox"/> Rack <input type="checkbox"/> Van <input type="checkbox"/> Stake <input type="checkbox"/> Carryall <input type="checkbox"/> Flatbed | BUS (Passenger capacity) TRUCK (Mfg. Rated capacity) |
| VEHICLE OPERATOR (Address, Number, Street, City, State) | | | PHONE NO. | |
| REGISTERED OWNER (Address) <i>R. H. H.</i> | | | PHONE NO. | |
| NAME & ADDRESS OF <i> </i> | | | PHONE NO. | |
| ACCIDENT <input type="checkbox"/> DUI <input type="checkbox"/> OTHER THAN ABOVE <i> </i> | | | INDIMENT NO OPR. LIC. <input type="checkbox"/> BURNED <input type="checkbox"/> | |
| NAME OF ARRESTED PERSON | | | REPORT NO. _____ | |
| EXACT LOCATION WHERE VEH TOW-IN SERVICE REQUESTED | | | IN SERVICE _____ | |
| DATE OF IMPOUNDMENT <i>08-01-07</i> | | | NAME & TITLE OF IMPOUNDING OFFICER <i> </i> | |

AND CONDITION OF VEHICLE WHEN IMPOUNDED

DC AND TRUNK: LOCKED UNLOCKED KEYS IN CAR KEYS IN PROPERTY ROOM OTHER _____

(USE CONDITION SYMBOL 1-FOR EXCELLENT - 2-GOOD - 3-FAIR - 4-POOR - 5-CONSTRUCTIVE TOTAL)

| | DAMAGED | CONDITION | | DAMAGED | CONDITION | | DAMAGED | COND |
|-----------|---------|-----------|-------------|---------|-----------|--------------|---------|------|
| FRONT END | 3 | ? | ENGINE | 3 | ? | SPARE TIRE | 3 | ? |
| LF ¼ | 3 | ? | RADIATOR | 3 | ? | LR TIRE | 3 | ? |
| LF DOOR | 3 | ? | ALTERNATOR | 3 | ? | RR TIRE | 3 | ? |
| LR DOOR | 3 | ? | BATTERY | 3 | ? | RF TIRE | 3 | ? |
| LR ¼ | 3 | ? | A/C | 3 | ? | LF TIRE | 3 | ? |
| REAR END | 3 | ? | RADIO | 3 | ? | GLASS | 3 | ? |
| RF ¼ | 3 | ? | TAPE DECK | 3 | ? | C.B. RADIO | NA | ? |
| RF DOOR | 3 | ? | HUB CAP | NA | ? | C.B. ANTENNA | NA | ? |
| RR DOOR | 3 | ? | WHEEL COVER | ? | ? | | | |
| RR ¼ | 3 | ? | DRIVE TRAIN | ? | ? | | | |
| HOOD | 3 | ? | JACK | ? | ? | | | |
| TOP | 3 | ? | TOOLS | ? | ? | | | |
| REAR LID | 3 | ? | GASOLINE | ? | ? | | | |

REMARKS

(USE SUPPLEMENTARY REPORT FOR ANY DETAILS NOT LISTED ON THIS PAGE)

DESCRIBE ANY PERSONAL PROPERTY LEFT IN VEHICLE

REPORT MADE BY R. S. J.

DATE 08-07

TIME

THE ABOVE VEHICLE HAS BEEN RELEASED TO ME AND I FOUND IT'S CONDITION TO BE AS INDICATED ABOVE.

SIGNED _____

DATE

TIME

| | | | |
|---------------------|---|---|---------------------------------------|
| MAKE FORD | MODEL F-150 | COLOR Black | NO. OF CYLINDERS 8 |
| YEAR 2002 | MILEAGE 80,259 | LICENSE NO. (V. State) AL 7K55R | HORSEPOWER OR CUBIC INCH DISPLACEMENT |
| SERIAL NO. | FUEL <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel 1/6 empty | VIN NO. 1FTRWDT342KD16806 | NO. OF AXLES 2 |

| | | | | |
|--|--|---|--|---------------------------|
| TYPE OF VEHICLE <input type="checkbox"/> Passenger Vehicle <input checked="" type="checkbox"/> Truck | <input type="checkbox"/> Ambulance <input type="checkbox"/> Tractor <input type="checkbox"/> Trailer | <input type="checkbox"/> Semi-Trailer <input type="checkbox"/> Bus | <input type="checkbox"/> Motorcycle <input type="checkbox"/> RV | NO. OF WHEELS 4 |
|--|--|---|--|---------------------------|

| | | | | | | |
|--|--|--|--|---|--|--------------------------|
| BODY STYLE <input type="checkbox"/> Coupe <input type="checkbox"/> 2-Door Hardtop <input type="checkbox"/> Sedan <input type="checkbox"/> 4-Door Hardtop | <input type="checkbox"/> Station Wagon <input type="checkbox"/> Convertible | <input checked="" type="checkbox"/> Pickup <input type="checkbox"/> Van | <input type="checkbox"/> Panel <input type="checkbox"/> Stake | <input type="checkbox"/> Rack <input type="checkbox"/> Flatbed | <input type="checkbox"/> Carryall <input type="checkbox"/> Camper | BUS (Passenger capacity) |
| | | | | | TRUCK (Mfg. Rated capacity) | |

VEHICLE OPERATOR (Address, Number, Street, City, State)

PHONE NO.

REGISTERED OWNER (Address, Number, Street, City, State)

PHONE NO.

NAME & ADDRESS OF LIENHOLDER (if Applicable)

PHONE NO.

REASON FOR IMPOUNDMENTACCIDENT DUI STOLEN ABANDONED FELONIOUS USE NO OPR. LIC. BURNED

OTHER THAN ABOVE _____

NAME OF ARRESTED PERSON INJURED OTHER REPORT NO. _____

EXACT LOCATION WHERE VEHICLE PICKED UP _____

TOW-IN SERVICE REQUESTED BY _____ NAME OF TOW-IN SERVICE _____

DATE OF IMPOUNDMENT / TIME : / TOWED OR DRIVEN BY / NAME & TITLE OF IMPOUNDING OFFICER /

INVENTORY AND CONDITION OF VEHICLE WHEN IMPOUNDEDDOORS AND TRUNK: LOCKED UNLOCKED KEYS IN CAR KEYS IN PROPERTY ROOM OTHER _____

(USE CONDITION SYMBOL 1-FOR EXCELLENT - 2-GOOD - 3-FAIR - 4-POOR - 5-CONSTRUCTIVE TOTAL)

| | DAMAGED | CONDITION | | DAMAGED | CONDITION | | DAMAGED | COND |
|-----------|---------|-----------|----------|---------|-----------|--|--------------|------|
| FRONT END | | 2 | ENGINE | | | | SPARE TIRE | 3 |
| LF % | | 2 | RADIATOR | | | | LT TIRE | 3 |
| LF DOOR | | 2 | RADIATOR | | | | RR TIRE | 3 |
| LR DOOR | | 2 | | | | | RF TIRE | 2 |
| LR % | | 2 | | | | | LF TIRE | 3 |
| REAR END | | 2 | | | | | GLASS | 3 |
| RF % | | 2 | | | | | C.B. RADIO | |
| RF DOOR | | 2 | | | | | C.B. ANTENNA | |
| RR DOOR | | 2 | | | | | | |
| RR % | | 2 | | | | | | |
| HOOD | | 3 | | | | | | |
| TOP | | 2 | | | | | | |
| REAR LID | | 2 | | | | | | |

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REMARKS _____

(USE SUPPLEMENTAL)

DESCRIBE ANY PERSONAL PROPERTY LEFT IN _____

AGE) _____

REPORT MADE BY Lisa J. VanTIME 10:35 a.m. -

THE ABOVE VEHICLE HAS BEEN RELEASED TO ME AND I FOUND IT'S CONDITION TO BE AS INDICATED ABOVE.

SIGNED _____ DATE _____

TIME _____

| | | | |
|--|---|---|---------------------------------------|
| MAKE CADILLAC | MODEL Deville | COLOR WHITE | NO. OF CYLINDERS V8 |
| YEAR 2002 | MILEAGE 119820 | LICENSE NO. (Yr. - State) 8K862/08/AL | HORSEPOWER OR CUBIC INCH DISPLACEMENT |
| SERIAL NO. 1G6KF57992H107370 | FUEL <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel | VIN NO. 1G6KF57992H107370 | NO. OF AXLES 4 |

| | | | | | | |
|---|--|---|--|---|---|-----------------------------|
| TYPE OF VEHICLE <input checked="" type="checkbox"/> Passenger Vehicle | <input type="checkbox"/> Ambulance | <input type="checkbox"/> Tractor | <input type="checkbox"/> Semi-Trailer | <input type="checkbox"/> Motorcycle | NO. OF WHEELS | |
| | <input type="checkbox"/> Truck | <input type="checkbox"/> Trailer | <input type="checkbox"/> Bus | <input type="checkbox"/> RV | | |
| BODY STYLE <input type="checkbox"/> Coupe Sedan <input type="checkbox"/> 2-Door Hardtop | <input type="checkbox"/> Station Wagon Sedan <input checked="" type="checkbox"/> 4-Door Hardtop | <input type="checkbox"/> Pickup <input type="checkbox"/> Convertible | <input type="checkbox"/> Panel <input type="checkbox"/> Van | <input type="checkbox"/> Rack <input type="checkbox"/> Stake | <input type="checkbox"/> Carryall <input type="checkbox"/> Flatbed | BUS (Passenger capacity) |
| | | | | | | TRUCK (Mfg. Rated capacity) |

| | |
|---|-----------|
| VEHICLE OPERATOR (Address, Number, Street, City, State) | PHONE NO. |
|---|-----------|

| | |
|---|-----------|
| REGISTERED OWNER (Address, Number, Street, City, State) | PHONE NO. |
| Kelly Battle 232 Lee Rd 318 | |

| | |
|--|-----------|
| NAME & ADDRESS OF LIENHOLDER (If Applicable) | PHONE NO. |
|--|-----------|

| | | | | | |
|---|------------------------------|---------------------------------|------------------------------------|--|---------------------------------------|
| REASON FOR IMPOUNDMENT | | | | | |
| ACCIDENT <input type="checkbox"/> | DUI <input type="checkbox"/> | STOLEN <input type="checkbox"/> | ABANDONED <input type="checkbox"/> | FELONIOUS USE <input type="checkbox"/> | NO OPR. LIC. <input type="checkbox"/> |
| BURNED <input type="checkbox"/> OTHER THAN ABOVE _____ | | | | | |

| | | | |
|--|----------------------------------|--------------------------------|------------------|
| NAME OF ARRESTED PERSON <input type="checkbox"/> | INJURED <input type="checkbox"/> | OTHER <input type="checkbox"/> | REPORT NO. _____ |
|--|----------------------------------|--------------------------------|------------------|

| | | |
|--|-----------------------|------------------------|
| EXACT LOCATION WHERE VEHICLE PICKED UP | 232 Lee Rd 318 | NAME OF TOW-IN SERVICE |
| TOW-IN SERVICE REQUESTED BY | | |

| | | | |
|--|------------|--------------------|--|
| DATE OF IMPOUNDMENT 08/01/07 | TIME : / / | TOWED OR DRIVEN BY | NAME & TITLE OF IMPOUNDING OFFICER / / |
|--|------------|--------------------|--|

| | | | | | |
|---|--|--|--|--|--|
| INVENTORY AND CONDITION OF VEHICLE WHEN IMPOUNDED | | | | | |
| DOORS AND TRUNK: LOCKED <input type="checkbox"/> UNLOCKED <input type="checkbox"/> KEYS IN CAR <input checked="" type="checkbox"/> KEYS IN PROPERTY ROOM <input type="checkbox"/> OTHER _____ | | | | | |
| (USE CONDITION SYMBOL 1-FOR EXCELLENT - 2-GOOD - 3-FAIR - 4-POOR - 5-CONSTRUCTIVE TOTAL) | | | | | |

| | DAMAGED | CONDITION | | DAMAGED | CONDITION | | DAMAGED | COND |
|-----------|---------|------------------|------------|----------------------|-------------|--|--------------|----------------|
| FRONT END | | OKAY/FAIR | ENGINE | Doesn't Start | | | SPARE TIRE | FAIR |
| LF 1/4 | | | RADIATOR | Leak | | | LR TIRE | FAIR |
| LF DOOR | | | ALTERNATOR | Leak | | | RR TIRE | FAIR |
| LR DOOR | | | | Leak | | | RF TIRE | FAIR |
| LR 1/4 | | | | Leak | | | LF TIRE | FAIR |
| REAR END | | | | Leak | | | GLASS | OKAY |
| RF 1/4 | | | | Leak | | | C.B. RADIO | N.D.A.E |
| RF DOOR | | | | N/A | | | C.B. ANTENNA | N.D.A.E |
| RR DOOR | | | | 4 | FAIR | | | |
| RR 1/4 | | | | Leak | | | | |
| HOOD | | | | GOOD | | | | |
| TOP | | | | None | | | | |
| REAR LID | | | | FUEL | | | | |

| | |
|----------------------------|-------------------------------------|
| REMARKS _____ | AILS NOT LISTED ON THIS PAGE) _____ |
| DESCRIBE ANY PERSONS _____ | |

| | |
|----------------------|------------|
| REPORT MADE BY _____ | TIME _____ |
|----------------------|------------|

THE ABOVE VEHICLE HAS BEEN RELEASED TO ME AND I FOUND IT'S CONDITION TO BE AS INDICATED ABOVE.

SIGNED _____ DATE _____ TIME _____

| | | | |
|----------------------|---|---|---------------------------------------|
| MAKE <i>Dodge</i> | MODEL <i>Frontier</i> | COLOR <i>Black</i> | NO. OF CYLINDERS <i>6.8</i> |
| YEAR <i>2005</i> | MILEAGE <i>96,478</i> | LICENSE NO. (Yr. - State) <i>7K07H AL 08</i> | HORSEPOWER OR CUBIC INCH DISPLACEMENT |
| SERIAL NO. | FUEL <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel | VIN NO. <i>2G1WU855K59123926</i> | NO. OF AXLES |

| | | | | | | |
|---|--|--------------------------------------|---------------------------------------|-------------------------------------|-----------------------------------|-----------------------------|
| TYPE OF VEHICLE <input checked="" type="checkbox"/> Passenger Vehicle | <input type="checkbox"/> Ambulance | <input type="checkbox"/> Tractor | <input type="checkbox"/> Semi-Trailer | <input type="checkbox"/> Motorcycle | NO. OF WHEELS <i>4</i> | |
| | <input type="checkbox"/> Truck | <input type="checkbox"/> Trailer | <input type="checkbox"/> Bus | <input type="checkbox"/> RV | | |
| BODY STYLE <input type="checkbox"/> Coupe <input type="checkbox"/> 2-Door Sedan Hardtop | <input type="checkbox"/> Station Wagon Sedan | <input type="checkbox"/> Pickup | <input type="checkbox"/> Panel | <input type="checkbox"/> Rack | <input type="checkbox"/> Carryall | BUS (Passenger capacity) |
| | <input checked="" type="checkbox"/> 4-Door Hardtop | <input type="checkbox"/> Convertible | <input type="checkbox"/> Van | <input type="checkbox"/> Stake | <input type="checkbox"/> Flatbed | TRUCK (Mfg. Rated capacity) |

VEHICLE OPERATOR (Address, Number, Street, City, State)

PHONE NO.

REGISTERED OWNER (Address, Number, Street, City, State)

PHONE NO.

NAME & ADDRESS OF LIENHOLDER (if Applicable)

PHONE NO.

REASON FOR IMPOUNDMENT

ACCIDENT DUI STOLEN ABANDONED FELONIOUS USE NO OPR. LIC. BURNED
OTHER THAN ABOVE _____

NAME OF ARRESTED PERSON INJURED OTHER REPORT NO. _____

EXACT LOCATION WHERE VEHICLE PICKED UP _____

NAME OF TOW-IN SERVICE

DATE OF IMPOUNDMENT *08/01/07* / TIME *1030* / TOWED OR DRIVEN BY / NAME & TITLE OF IMPOUNDING OFFICER */*

DC HS AN

| | |
|-------------------------------------|-------------|
| <input checked="" type="checkbox"/> | FRO: IT END |
| <input type="checkbox"/> | LF % |
| <input type="checkbox"/> | LF DOOR |
| <input type="checkbox"/> | LR DOOR |
| <input type="checkbox"/> | LR % |
| <input type="checkbox"/> | REAR END |
| <input type="checkbox"/> | RF % |
| <input type="checkbox"/> | RF DOOR |
| <input type="checkbox"/> | RR DOOR |
| <input type="checkbox"/> | RR % |
| <input type="checkbox"/> | HOOD |
| <input type="checkbox"/> | TOP |
| <input type="checkbox"/> | REAR LID |

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CONDITION OF VEHICLE WHEN IMPOUNDED

 KEYS IN PROPERTY ROOM OTHER _____

(0 - 3-FAIR - 4-POOR - 5-CONSTRUCTIVE TOTAL)

| | DAMAGED | CONDITION | | DAMAGED | COND |
|--|----------|-----------|--------------|---------|-----------|
| | <i>2</i> | | SPARE TIRE | | <i>3</i> |
| | <i>2</i> | | LT TIRE | | <i>3</i> |
| | <i>2</i> | | RR TIRE | | <i>3</i> |
| | <i>1</i> | | RF TIRE | | <i>3</i> |
| | <i>2</i> | | LF TIRE | | <i>3</i> |
| | <i>2</i> | | GLASS | | <i>3</i> |
| | <i>2</i> | | C.B. RADIO | | <i>14</i> |
| | <i>2</i> | | C.B. ANTENNA | | <i>14</i> |
| | <i>2</i> | | | | |

REMARKS

(USE SUPPLEMENTARY REPORT FOR ANY DETAILS NOT LISTED ON THIS PAGE)

DESCRIBE ANY PERSONAL PROPERTY LEFT IN VEHICLE

REPORT MADE BY *K SAY*DATE *08/01/07* TIME *1030*

THE ABOVE VEHICLE HAS BEEN RELEASED TO ME AND I FOUND IT'S CONDITION TO BE AS INDICATED ABOVE.

SIGNED _____ DATE _____ TIME _____

| | | | | |
|---|--|---|---|---|
| MAKE <i>Chey</i> | MODEL <i>Fro 14</i> | COLOR <i>TRK</i> | NO. OF CYLINDERS <i>11-8</i> | |
| YEAR <i>1997</i> | MILEAGE | LICENSE NO. (Yr. - State) <i>TK54 R AC</i> | HORSEPOWER OR CUBIC INCH DISPLACEMENT | |
| SERIAL NO. | FUEL <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel | VIN NO. <i>1GIRLS2P0TRK7138</i> | NO. OF AXLES | |
| TYPE OF VEHICLE <input checked="" type="checkbox"/> Passenger Vehicle | <input type="checkbox"/> Ambulance <input type="checkbox"/> Tractor <input type="checkbox"/> Truck <input type="checkbox"/> Trailer | <input type="checkbox"/> Semi-Trailer <input type="checkbox"/> Bus | <input type="checkbox"/> Motorcycle <input type="checkbox"/> RV | NO. OF WHEELS |
| BODY STYLE <input type="checkbox"/> Coupe <input type="checkbox"/> Station Wagon <input type="checkbox"/> 2-Door Sedan <input type="checkbox"/> Pickup <input type="checkbox"/> Hardtop <input type="checkbox"/> Panel | <input type="checkbox"/> Sedan <input type="checkbox"/> 4-Door Hardtop <input type="checkbox"/> Convertible | <input type="checkbox"/> Van <input type="checkbox"/> Stake | <input type="checkbox"/> Carryall <input type="checkbox"/> Flatbed | BUS (Passenger capacity) TRUCK (Mfg. Rated capacity) |

VEHICLE OPERATOR (Address, Number, Street, City, State)

PHONE NO.

REGISTERED OWNER (Address, Number, Street, City, State)

PHONE NO.

NAME & ADDRESS OF LIENHOLDER (if Applicable)

PHONE NO.

REASON FOR IMPOUNDMENT

ACCIDENT DUI STOLEN ABANDONED FELONIOUS USE NO OPR. LIC. BURNED
OTHER THAN ABOVE _____NAME OF ARRESTED PERSON INJURED OTHER REPORT NO. _____

EXACT LOCATION WHERE VEHICLE PICKED UP _____

TOW-IN SERVICE REQUESTED BY _____ NAME OF TOW-IN SERVICE _____

DATE OF IMPOUNDMENT *08/01/07* / TIME *1034* / TOWED OR DRIVEN BY / NAME & TITLE OF IMPOUNDING OFFICER */*

INVENTORY AND CONDITION OF VEHICLE WHEN IMPOUNDED

DOORS AND TRUNK: LOCKED UNLOCKED KEYS IN CAR KEYS IN PROPERTY ROOM OTHER _____

(USE CONDITION SYMBOL 1-FOR EXCELLENT - 2-GOOD - 3-FAIR - 4-POOR - 5-CONSTRUCTIVE TOTAL)

| | DAMAGED | CONDITION | | DAMAGED | CONDITION | | DAMAGED | CONDITION |
|-----------|---------|-----------|----------|---------|-----------|--|--------------|------------|
| FRONT END | | <i>2</i> | ENGINE | | <i>3</i> | | SPARE TIRE | |
| LF % | | | RADIATOR | | <i>3</i> | | LR TIRE | |
| LF DOOR | | | | | <i>3</i> | | RR TIRE | |
| LR DOOR | | | | | <i>3</i> | | RF TIRE | |
| LR % | | | | | <i>3</i> | | LT TIRE | |
| REAR END | | | | | <i>?</i> | | GLASS | |
| RF % | | | | | <i>3</i> | | C.B. RADIO | |
| RF DOOR | | | | | <i>3</i> | | C.B. ANTENNA | <i>N/A</i> |
| RR DOOR | | <i>37</i> | | | <i>3</i> | | | |
| RR % | | | | | <i>3</i> | | | |
| HOOD | | | | | <i>3</i> | | | |
| TOP | | | | | <i>3</i> | | | |
| REAR LID | | | | | <i>3</i> | | | |

REMARKS _____

DETAILS NOT LISTED ON THIS PAGE)

DESCRIBE ANY PE _____

REPORT MADE BY *ASV*DATE *08/01/07* TIME *1035*

THE ABOVE VEHICLE HAS BEEN RELEASED TO ME AND I FOUND IT'S CONDITION TO BE AS INDICATED ABOVE.

SIGNED _____

DATE _____

TIME _____

| VEHICLE IMPOUNDMENT RECORD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|--|-----------|----------|------|------------|--|--|---------|--|--|---------|--|--|---------|--|--|---------|--|--|-------|--|--|------------|--|--|--------------|--|--|
| MAKE <i>Chev</i> | MODEL <i>Impala</i> | COLOR <i>Black</i> | NO. OF CYLINDERS <i>8</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YEAR <i>1996</i> | MILEAGE <i>11285</i> +61320P3SP180051 | LICENSE NO. (Yr. - State) <i>7K71D(AL 8)</i> | HORSEPOWER OR CUBIC INCH DISPLACEMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SERIAL NO. | FUEL <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel | VIN NO. <i>1G1BL32P3SP180024</i> | NO. OF AXLES <i>2</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TYPE OF VEHICLE <input checked="" type="checkbox"/> Passenger Vehicle | | <input type="checkbox"/> Ambulance <input type="checkbox"/> Tractor <input type="checkbox"/> Semi-Trailer <input type="checkbox"/> Truck <input type="checkbox"/> Trailer <input type="checkbox"/> Bus | <input type="checkbox"/> Motorcycle <input type="checkbox"/> RV | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BODY STYLE <input type="checkbox"/> Coupe Sedan <input type="checkbox"/> 2-Door Hardtop <input checked="" type="checkbox"/> Station Wagon Sedan <input checked="" type="checkbox"/> 4-Door Hardtop | <input type="checkbox"/> Pickup <input type="checkbox"/> Panel <input type="checkbox"/> Rack <input type="checkbox"/> Carryall <input type="checkbox"/> Convertible <input type="checkbox"/> Van <input type="checkbox"/> Stake <input type="checkbox"/> Flatbed | <input type="checkbox"/> Camper | BUS (Passenger capacity) TRUCK (Mfg. Rated capacity) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VEHICLE OPERATOR (Address, Number, Street, City, State) <i>Kelly Battle</i> PHONE NO. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REGISTERED OWNER (Address, Number, Street, City, State) <i>117 Hwy 165 Phoenix City, AL</i> PHONE NO. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME & ADDRESS OF LIENHOLDER (If Applicable) NAME & ADDRESS OF LIENHOLDER (If Applicable) NAME & ADDRESS OF LIENHOLDER (If Applicable) PHONE NO. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REASON FOR IMPOUNDMENT ACCIDENT <input type="checkbox"/> DUI <input type="checkbox"/> STOLEN <input type="checkbox"/> ABANDONED <input type="checkbox"/> FELONIOUS USE <input type="checkbox"/> NO OPR. LIC. <input type="checkbox"/> BURNED <input type="checkbox"/> OTHER THAN ABOVE <i>Seizure</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME OF ARRESTED PERSON <input type="checkbox"/> INJURED <input type="checkbox"/> OTHER <input type="checkbox"/> | | REPORT NO. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EXACT LOCATION WHERE VEHICLE PICKED UP <i>232 Lee Rd 318</i> | | NAME OF TOW-IN SERVICE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOW-IN SERVICE REQUESTED BY | | NAME & TITLE OF IMPOUNDING OFFICER | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DATE OF IMPOUNDMENT <i>8/31/07</i> | | TIME <i>10</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TIME <i>30</i> | | NAME & TITLE OF IMPOUNDING OFFICER | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DC HS AND TRUNK: LOCKED (USE CONDITION S) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WHEN IMPOUNDED PROPERTY ROOM <input type="checkbox"/> OTHER _____ (DOOR - 5-CONSTRUCTIVE TOTAL) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>CONDITION</th> <th>DAMAGED</th> <th>COND</th> </tr> </thead> <tbody> <tr><td>SPARE TIRE</td><td></td><td></td></tr> <tr><td>LR TIRE</td><td></td><td></td></tr> <tr><td>RR TIRE</td><td></td><td></td></tr> <tr><td>RF TIRE</td><td></td><td></td></tr> <tr><td>LF TIRE</td><td></td><td></td></tr> <tr><td>GLASS</td><td></td><td></td></tr> <tr><td>C.B. RADIO</td><td></td><td></td></tr> <tr><td>C.B. ANTENNA</td><td></td><td></td></tr> </tbody> </table> | | | | CONDITION | DAMAGED | COND | SPARE TIRE | | | LR TIRE | | | RR TIRE | | | RF TIRE | | | LF TIRE | | | GLASS | | | C.B. RADIO | | | C.B. ANTENNA | | |
| CONDITION | DAMAGED | COND | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SPARE TIRE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LR TIRE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RR TIRE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RF TIRE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LF TIRE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GLASS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C.B. RADIO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C.B. ANTENNA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>TOOLS</th> <th>GASOLINE</th> </tr> </thead> <tbody> <tr><td></td><td></td></tr> </tbody> </table> | | | | TOOLS | GASOLINE | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOOLS | GASOLINE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REMARKS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (USE SUPPLEMENTARY REPORT FOR ANY DETAILS NOT LISTED ON THIS PAGE) DESCRIBE ANY PERSONAL PROPERTY LEFT IN VEHICLE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

REPORT MADE BY *TFA Todd Williams, DPA*DATE *8/1/07*TIME *0930*THE ABOVE VEHICLE HAS BEEN RELEASED TO ME AND I FOUND IT'S CONDITION TO BE AS INDICATED ABOVE.
SIGNED _____

| CONCERNED RECORD | | | | | | | | |
|---|--|---|--|---|--|--|---------------------------------|--------------------------|
| MAKE <i>Flxer</i> | MODEL <i>JACQUET</i> | Document 3 | Filed 08/22/2007 | Page 15 of 15 | | | | |
| YEAR <i>1995</i> | MILEAGE | color <i>RK</i> | LICENSE NO. (Yr. - State) <i>7K8GJ</i> | NO. OF CYLINDERS | | | | |
| SERIAL NO. | FUEL <input type="checkbox"/> Gas <input type="checkbox"/> Diesel | VIN NO. <i>1HGCG5G43XA095722</i> | HORSEPOWER OR CUBIC INCH DISPLACEMENT | | | | | |
| TYPE OF VEHICLE | | | | NO. OF AXLES | | | | |
| <input checked="" type="checkbox"/> Passenger Vehicle | <input type="checkbox"/> Ambulance <input type="checkbox"/> Tractor | <input type="checkbox"/> Semi-Trailer | <input type="checkbox"/> Motorcycle <input type="checkbox"/> RV | | NO. OF WHEELS | | | |
| BODY STYLE | <input type="checkbox"/> Coupe <input type="checkbox"/> Sedan <input type="checkbox"/> 2-Door Hardtop | <input type="checkbox"/> Station Wagon <input type="checkbox"/> Sedan <input checked="" type="checkbox"/> 4-Door Hardtop | <input type="checkbox"/> Pickup <input type="checkbox"/> Convertible | <input type="checkbox"/> Panel <input type="checkbox"/> Van | <input type="checkbox"/> Rack <input type="checkbox"/> Stake | <input type="checkbox"/> Carryall <input type="checkbox"/> Flatbed | <input type="checkbox"/> Camper | BUS (Passenger capacity) |
| | | | | | | TRUCK (Mfg. Rated capacity) | | |

VEHICLE OPERATOR (Address, Number, Street, City, State)

PHONE NO.

REGISTERED OWNER (Address, Number, Street, City, State)

PHONE NO.

NAME & ADDRESS OF LIENHOLDER (If Applicable)

PHONE NO.

REASON FOR IMPOUNDMENT

ACCIDENT DUI STOLEN ABANDONED FELONIOUS USE NO OPR. LIC. BURNED

OTHER THAN ABOVE _____

REPORT NO. _____

NAME OF ARRESTED PERSON INJURED OTHER

EXACT LOCATION WHERE VEHICLE PICKED UP _____

TOW-IN SERVICE REQUESTED BY _____

DATE OF IMPOUNDMENT / TIME : / NAME OF TOW-IN SERVICE /

TOWED OR DRIVEN BY / NAME & TITLE OF IMPOUNDING OFFICER /

INVENTORY AND CONDITION OF VEHICLE WHEN IMPOUNDED

DC HS AND TRUNK: LOCKED UNLOCKED KEYS IN CAR KEYS IN PROPERTY ROOM OTHER _____

(USE CONDITION SYMBOL 1-FOR EXCELLENT - 2-GOOD - 3-FAIR - 4-POOR - 5-CONSTRUCTIVE TOTAL)

| | DAMAGED | CONDITION |
|-----------|---------|-----------|
| FRONT END | | |
| LF % | | |
| LF DOOR | | |
| LR DOOR | | |
| LR % | | |
| REAR END | | |
| RF % | | |
| RF DOOR | | |
| RR DOOR | | |
| RR % | | |
| HOOD | | |
| TOP | | |
| REAR LID | | |

30

| | DAMAGED | CONDITION | | DAMAGED | CONDITION |
|--------------|---------|-----------|--|---------|-----------|
| SPARE TIRE | | | | | |
| LR TIRE | | | | | |
| RR TIRE | | | | | |
| RF TIRE | | | | | |
| LF TIRE | | | | | |
| GLASS | | | | | |
| C.B. RADIO | | | | | |
| C.B. ANTENNA | | | | | |

REMARKS _____

(USE SUP

DESCRIBE ANY PERSONAL PROPERTY LEFT IN V...

IN THIS PAGE)

REPORT MADE BY *D. Ingma*DATE *9-1-07*

TIME _____

THE ABOVE VEHICLE HAS BEEN RELEASED TO ME AND I FOUND IT'S CONDITION TO BE AS INDICATED ABOVE.

SIGNED _____

DATE

TIME _____

FORM B-3